MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FILING DATE (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AS FILED AFTER 1st AMENDMENT AFTER 2nd AMENDMENT 030. DEP. BOD. OEP. BOD. DEP. END. DER DHD. DEP. IND. DEP. 3 4 5 6 7 (1) 43· DTAL IND. DTAL DER DTAL LAIMS Ì Į TOTAL DID. _1 _1 _1 TOTAL DEP. YOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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